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Sent: 11/13/2014 3:32:03 PM
To: Peck, Krista [krista.peck@mckesson.com]; Walker, Donald [donald.walker@mckesson.com]
Subject: FW: Let me know if you need more please and what that may be.

I think you will find this a bit more extensive. I reference my Visit Guide so I attached it. Talk to you in the morning. Thanks....

"My dream is of a place and a time where America will once again be seen as the last best hope of earth."
-Abraham Lincoln

Dave Gustin DRA North Central

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PLAINTIFFS TRIAL
EXHIBIT
P-12820_00001

Date of visit.

Store/account name and number.

Interviewee?

Is the owner a pharmacist?

Describe store size, location and traffic: (*small, large, retail, warehouse, light, heavy, etc.*)

Describe the front end: (*extensive, limited, none, HM, attractive, dated, etc.*)

Provide threshold dosage units filled monthly

Hydrocodone:

Oxycodone;

Other;

Does the customer fill for internet business?

Does the customer do any mail order business?

Is the % of controls filled vs. total sales high?

Describe the customer base/patients: (*pain, hospice, family, single, younger, older*)

Are out of county prescriptions accepted?

Are there any patient or doctor anomalies to note?

Does the pharmacy accept control walk-ins and at what rate? What process is in place to prevent “doctor shopping”?

Are there any “pill mill” scripts that come to the pharmacy and if yes, how do they handle it?

Summary of visit;

Dave G

Different aspects of doing the job.....Dave Gustin DRA NC 2008-2013

- Stars audits-comprised 5 weeks a year of my time, add to this obligation; team meetings, personal PTO and corporate holidays, the fact that I was the liaison for RNA and was the contact for Service First and 25% of my days were not doing TCRs/customer visits or related DRA work. I used the less busy first half of the months for these things whenever possible. Note we operated under the direction that we had 24 hours to respond to TCR requests right up until the spring/summer of 2013.

The first days of the month I would run my reports and send them out to the DC teams. There was the TRC report that showed all TCRs done by anyone for their customers. There was the omit report showing all the omitted controlled drug orders for their DCs. There was the report for multiple family types for any customers, the report for customers without family types and some other reports. These reports, in conjunction with keeping up with email, cleaning up the end-of-month TCRs and customer loads, would take a couple days. I also had a great many regularly scheduled calls for NC regional communications, RNA monthly calls, Customer Care calls, DRA team calls, nearly daily calls from or to sales reps. Nearly daily calls with DOs or DCMs or arcoss clerks...etc

- The early part of the month was when I would schedule road time generally used to visit prospective or new customers or customers that needed TCRs or presented the need for extra attention beyond simply the on-line checks. I tried to visit 5 customers per month as a general rule. The week before a visit I would make email contact with the sales rep about the visit I was making. He/she would then advise me of whom I would visit, what the nature of the business was (and anything else I should know), and what the pharmacist wanted. Often they would visit the account with me otherwise I would make contact with the customer and set a time for Tuesday or Wednesday the following week. I would easily have an hour or two of pre-visit time invested just to get the stage set for the visit. I then would see what other accounts were on the way there or on the way back. My goal was to get 4 visits set for the trip. One or two with an interview and a couple more "drop by" visits to observe and confirm prior visits or store appearance...etc. I would take some pics, talk to the PIC and observe the customer flow as possible. So my schedule would be set for the next week.
 - The early-month work week would look something like; Monday morning catch up any email from the weekend...attend to any requests etc. Do internet research on customers I intend to visit that week. That would mean looking at the internet for their license status, do searches for any actions on the PIC or owner, look at business reviews on line and sometimes look at "Topix" on the web to see what is being said if anything. Monday afternoon I would drive to the area of my customer and visit one or more customers on the way as able and stay the night at a hotel close to my meeting. Tuesday, go to the customer early and log on in the car in the parking lot, catching up emails and observing traffic into and out of the pharmacy. I would get there reasonably early as I usually tried to set my appointment up by mid morning. Then at the appointed time go in for my meeting. The meeting usually would take an hour or so. I would ask the same questions I always did and only write anything down if it sounded unusual or was a "wrong" answer. The questions can be found on the attached Visit Guide I developed from a

similar one used by Bill M. Each visit naturally would be nuanced by the particular nature of that account's needs and business type. Once in the car again after the interview I would fill out the guide on my laptop and write down...Minimally...any facts that were specific to the conversation and decision I was to make. I did not waste time on writing unremarkable and standard answers as I was always pressed for time.

The next day would find me traveling back towards home going by another customer or two if possible, taking pictures and stopping in for a visit. I could usually only schedule this kind of trip once a month. By the time I got home I would use Thursday and Friday to communicate the results of my visit and that was generally by emails, phone calls, and my visit guide and/or later in SharePoint.

I did not keep many hard copy files...I passed anything in the way of hard copy to the DC to be put into the customer's file either by attaching it to an email and sending it to the arcoss clerk or handing it to them on my next visit.

- So the typical early to mid part of the month would be spent thusly by time frame. 20% of the time generating reports, 30% of the time on emails, 10% of the time on phone calls, 30% of the time driving/traveling and the rest interviews and misc.
- The later part of the month, usually from the 20th on or so, I would have very little time for anything other than working TCRs and customer loads. I would be at my home office desk from the time I got up and got my coffee until I shut down sometime during the evening as the end of the month drew near.
- For each TCR and for any non-standard threshold new customer loads there would be several emails, some phone calls, internet research, obtaining and scanning script data and other steps as needed. With 8 DCs for the first couple of years then 7 the rest of the time, with backing up other regions, with having Target, Wal-Mart, Spartan, Thrifty White and other RNAs my days for the last third of any month were a blur and all documentation would be on SharePoint for most of that work.
- A "standard" TCR would begin with a customer contact to the sales rep or the DC. I had from the beginning told the team what to do to prep a TCR. Gather all the needed information including what the customer needed, when their last increase was and why they needed an increase. They should find out who (not by name but by type) were the end user or users and all relative facts. These things would all be communicated to me by either email or phone before a TCR was begun and I would then look it all over. I would then research as appropriate any info I already had or what the web showed me including the BOP sites and Med board sites, then I would determine if script data was needed, If so I would communicate that and wait for the results. Once obtaining the data I would usually make a decision and communicate that it was OK to submit a TCR. If for any reason I needed more I would schedule the visit for the earliest possible time as described above. Sometimes an increase would be granted on the advice of the sales person but as a temp pending a visit by either me or the DCM. On "easy" TCRs, meaning they involved less risk by drug type or quantity or customer type, I would simply tell the rep or

DC to submit it or they already would have submitted it knowing it was not problematic. Hospitals or VA accounts and others fell into this category.

- Regarding documentation for the first few years....I kept most of it on my laptop unless it was emailed to the DC to be put into the customer's file. I had it generally in two places my PC. In my document's folder and in folders in Outlook that I created for each DC and kept organized that way. When I had my computer crash a few years ago it was all lost along with a lot of reports, photos and visit guides. Since that time I made it a point to include SharePoint and the DC and the R drive to keep documents....
- A method I would use to proactively tighten thresholds was to run a purchase summary/threshold report towards the end of a busy month...say March...and see what accounts were using little of their elevated thresholds. I would send the results to the DCMs asking if they knew of any reason these customers should not have their thresholds lowered and asking for a recommendation for the lower threshold. We would settle on a number then reduce these thresholds.
- A method I used to decide what customers may need proactive visits or additional follow-up was to run reports showing multiple increases that YTD or showing thresholds over a certain number then get with the DCM/Sales Rep and schedule a visit. I did this quarterly or tried to.

(It would be very interesting to have Bernard run a report showing...by EID, the number of threshold increases made during the years of 2008-2012 to see what DRAs were the most active in fielding and fulfilling TCRs and the rate of requests as the month went on. Mass loads should be excluded as they would skew the results).

- Some of the things I did early on in the NC were to include the OPS team and the sales team in providing some of the things needed for decision making. This was especially true in new accounts being vetted. Since there was only one of me for 15 states, 8 DCs, 50 sales reps and 13,000 customers including RNAs and Hospitals, ISMCs and other.....the sales reps knew to look for any red flags in a new account and engage me prior to signing them. There are cases in point where Tim Ashworth or Kristi Hart had me visit a prospect and I ultimately said no...East Main St drug store in Columbus, Oh and Unity Drug Store in Columbus being cases in point. They got to the point early on where they knew what would be problematic and did not even advance some accounts for me to look at as they knew I would not want to open them. The DC arcoss clerks would also know that part of the vetting process from their end was to obtain the script data and then get estimates on any non-standard threshold the new account may require and the docs who wrote the scripts. Further they were taught by me in the first year to do web searches and then screen print the results that showed nothing negatives. The upshot of these processes were that we will have little to show for rejected TCRs and new accounts being declined because they never got to the request stage by design. In the case of East Main...within a year or two after we declined to take them on the DEA went in and closed them up. Same thing for Unity in South Columbus. In the case of Community Drug store in Manchester KY we shut them off and within months the DEA went in and made arrests, subsequently calling me and asking how I found out they were not on the up and up and wanting to know what led me to look at them. They seemed appreciative and genuinely

interested as I explained the way the numbers led me to do a follow-up look into them and then subsequently turning them off at Don's direction.

- It also should be noted that I had great support and assistance by the DOs and DCMs who took a great many visits and who used the questionnaire as well as questions taken from my visit guide to document the customers and their businesses. A lot of the customers for my DCs had been visited by the Ops team and have questionnaires and pics on file thereby reducing the number of onsite visits I made to previously unvisited customers. Furthermore DCMs like Ammie Rabicke, Tom Hughes, Dave Fagerskog, Kevin Meunier and Chris Van Norman were very active in reviewing and visiting accounts that had numbers of interest. Scott Mooney knew his customer base very well.
- Lastly, I would note that SharePoint is where you will find the vast majority of the info I have that relates to TCRs and new account loads. Emails with relevant remarks were used more than anything else as most of the increases were of a lower % and not viewed as problematic. The exceptions got visits and were handled with more detail. My level threes and closed accounts are documented in the DC's files and on the CSMP action file with some of the email traffic kept as well in my Outlook folders.

Dave Gustin